## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts, baquests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:
State Training School	Eldors, 1A, 50627 City, State, Zip Code
Name of Department or Office	Elders IA SDS72
Mailing Address (	Eldare, I.A., 50827 City, State, Zip Code
61-859-3402 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	
Kristin Hagedon	
Name	
3211 Edgingos Ave. Malling Address (if different from above)	Eldors, IA, 30627  City, State, Zip (if different from above)
khagedo@dhs.siain.is.us	
Email Address	Area Code & Telaphone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
Legion Auxiliary-Unit No. 508	
Name	
c/o Jane Leighton Griswold, IA 51535	
Malling Address City, State, Zip Code	2/1/2011 \$ 25.00
	Date of Giff, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	"value is defined as "fair market value" of Item as determined by
Email Address (assess)	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof.	
cash donation to be used for the Christmas Fund	
Callada As una (bla farm)	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any departmen	it of the state or received by the Governor on behalf of the state.
statement of Affirmation:	
Kristin Hagedon affirm that the gift, bequest, or grant report	ted above is accurate. I further affirm that the information concerning the
onor and assessment of the fair market value (If applicable) is correct and	I true to the beat of my knowledge.
115	, ,
Kristin Hagedon	2/9/11
Signature PJ WCJ/COOT V	- Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OF	R GRANT:
State Training School	E.
Name of Department or Office 3211 Edgington Ave. Elde	ors, IA, 50627
Mailing Address City	, State, Zip Code
Area Code & Telephone No.	<u> </u>
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Kristin Hagedon	<u>-</u>
Name 3311 Edglagga Ave.	Eldora, IA, 50627
Mailing Address (if different from above)	City, State, Zip (if different from above)
kingedo@dhs.stata.is.us Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
Legion Auxiliary-Unit No. 508	
Name	
c/o Jane Leighton Griswold, IA 51535  Malling Address City, State, Zip Code	2/1/2011 \$.25.00
Oily, Giate, 219 Gods	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	
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Statement of Affirmation:  Kristin Hagedon  offirm that the gift, bequest, or grant reported donor and assessment of the fair market value (if applicable) is correct and in	above is accurate. I further affirm that the information concerning the ue to the best of my knowledge.
Xristin Hagedon	2/9/11 Date